

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 106043221	Filing Date			
						Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1					51				
2		1				52				
3		2				53				
4		2				54				
5		2				55				
6						56				
7						57				
8						58				
9						59				
10		2				60				
11		2				61				
12	1					62				
13		1				63				
14		1				64				
15		1				65				
16		1				66				
17						67				
18						68				
19						69				
20		1				70				
21		1				71				
22						72				
23						73				
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42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
Total Indep	2					Total Indep				
Total Depend	17					Total Depend				
Total Claims	19					Total Claims				

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